

Facility Name & ID Number The Imperial Grove Pavilion# 0037754 Report Period Beginning: 01/01/03 Ending: 12/31/03

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed bedsN/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,520</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,520</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>67,833</u>	<u>8,155</u>	<u>8,958</u>	<u>84,946</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>67,833</u>	<u>8,155</u>	<u>8,958</u>	<u>84,946</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 93.84%

D. How many bed-hold days during this year were paid by Public Aid?

1,145 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)None

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒NO ☐Non-allowable costs have been
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 01/31/1992

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 01/01/1998NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 248 and days of care provided 8,958Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 3

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/03 Ending: 12/31/03

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	373,754	12,352	728,350	1,114,456		1,114,456	(58,672)	1,055,784			1
2	Food Purchase		71,922		71,922		71,922		71,922			2
3	Housekeeping		70,014	351,773	421,787		421,787	12,043	433,830			3
4	Laundry		5,926	189,600	195,526		195,526		195,526			4
5	Heat and Other Utilities			298,094	298,094		298,094	3,632	301,726			5
6	Maintenance	93,955	116,984	163,278	374,217		374,217	(19,968)	354,249			6
7	Other (specify):*											7
8	TOTAL General Services	467,709	277,198	1,731,095	2,476,002		2,476,002	(62,965)	2,413,037			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	3,153,735	449,161	888,810	4,491,706		4,491,706		4,491,706			10
10a	Therapy	40,782		1,019,458	1,060,240		1,060,240		1,060,240			10a
11	Activities	136,068	53,039	2,231	191,338		191,338		191,338			11
12	Social Services	46,246		5,383	51,629		51,629		51,629			12
13	Nurse Aide Training			3,250	3,250		3,250		3,250			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,376,831	502,200	1,943,132	5,822,163		5,822,163		5,822,163			16
	C. General Administration											
17	Administrative	230,680		258,124	488,804		488,804	(258,124)	230,680			17
18	Directors Fees											18
19	Professional Services			157,636	157,636		157,636	(14,286)	143,350			19
20	Dues, Fees, Subscriptions & Promotions			70,351	70,351		70,351	(28)	70,323			20
21	Clerical & General Office Expenses	633,788	55,832	96,248	785,868		785,868	21,550	807,418			21
22	Employee Benefits & Payroll Taxes			793,765	793,765		793,765	127,210	920,975			22
23	Inservice Training & Education											23
24	Travel and Seminar			6,025	6,025		6,025	380	6,405			24
25	Other Admin. Staff Transportation			25,745	25,745		25,745	(5,309)	20,436			25
26	Insurance-Prop.Liab.Malpractice			273,536	273,536		273,536	1,010	274,546			26
27	Other (specify):*											27
28	TOTAL General Administration	864,468	55,832	1,681,430	2,601,730		2,601,730	(127,597)	2,474,133			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,709,008	835,230	5,355,657	10,899,895		10,899,895	(190,562)	10,709,333			29

* Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

** See schedule of adjustments attached at end of cost report.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			180,884	180,884		180,884	455,241	636,125			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,656	105,656		105,656	1,288,162	1,393,818			32
33	Real Estate Taxes			(961)	(961)		(961)	400,088	399,127			33
34	Rent-Facility & Grounds			1,581,304	1,581,304		1,581,304	(1,581,304)				34
35	Rent-Equipment & Vehicles			21,966	21,966		21,966	4,863	26,829			35
36	Other (specify):*											36
37	TOTAL Ownership			1,888,849	1,888,849		1,888,849	567,050	2,455,899			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		358,315	2,417	360,732		360,732		360,732			39
40	Barber and Beauty Shops	21,466	263		21,729		21,729		21,729			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):* Nonallowable Costs			330,826	330,826		330,826	(330,826)				43
44	TOTAL Special Cost Centers	21,466	358,578	469,023	849,067		849,067	(330,826)	518,241			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,730,474	1,193,808	7,713,529	13,637,811		13,637,811	45,662	13,683,473			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report.

SEE ACCOUNTANTS' COMPILATION REPORT

	1	2	3	
	Amount	Refer-	OHF USE	
NON-ALLOWABLE EXPENSES		ence	ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals				4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	11,814	30		9
10 Interest and Other Investment Income	(11,856)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax	(2,510)	43		13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties	(25,199)	43		18
19 Entertainment				19
20 Contributions	(21,065)	43		20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers	(8,449)	19		22
23 Malpractice Insurance for Individuals				23
24 Bad Debt	(107,881)	43		24
25 Fund Raising, Advertising and Promotional	(160,030)	43		25
Income Taxes and Illinois Personal				
26 Property Replacement Tax				26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule See Pg 5A	(170,267)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (495,443)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)	541,105		34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ 541,105		36
(sum of SUBTOTALS			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ 45,662		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		X	\$		38
39					39
40 Gift and Coffee Shops		X			40
41 Barber and Beauty Shops		X			41
42 Laboratory and Radiology		X			42
43 Prescription Drugs		X			43
44 Exceptional Care Program		X			44
45 Other-Attach Schedule		X			45
46 Other-Attach Schedule		X			46
47 TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial Grove Pavilion

ID# 0037754

Report Period Beginning: 01/01/03

Ending: 12/31/03

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Disallow personal use of automobile	\$ (5,309)	25	1
2	Disallow patient clothing	(2,175)	43	2
3	Disallow billable Lab/X-Ray	(20,338)	43	3
4	Disallow Lab/X-Ray	(5,870)	43	4
5	To capitalize repairs & maintenance	(23,850)	6	5
6	Offset cable tv, telephone income	(1,018)	21	6
7	Disallow consulting fees per IDPA	(13,515)	19	7
8	Nonallowable real estate taxes	(98,192)	33	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(170,267)		49

See Accountants' Compilation Report

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning:

01/01/03

Ending:

12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,207	0	0	0	0	0	0	0	0	4,207	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	12,043	0	0	0	0	0	0	0	0	12,043	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,632	0	0	0	0	0	0	0	0	3,632	5
6	Maintenance	(23,850)	0	3,882	0	0	0	0	0	0	0	0	(19,968)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(23,850)	0	23,764	0	0	0	0	0	0	0	0	(86)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	(252,014)	(6,110)	0	0	0	0	0	0	0	(258,124)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,964)	0	7,538	140	0	0	0	0	0	0	0	(14,286)	19
20	Fees, Subscriptions & Promotions	0	0	238	(266)	0	0	0	0	0	0	0	(28)	20
21	Clerical & General Office Expenses	(1,018)	0	20,585	1,983	0	0	0	0	0	0	0	21,550	21
22	Employee Benefits & Payroll Taxes	0	0	59,704	4,627	0	0	0	0	0	0	0	64,331	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	317	63	0	0	0	0	0	0	0	380	24
25	Other Admin. Staff Transportation	(5,309)	0	0	0	0	0	0	0	0	0	0	(5,309)	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,010	0	0	0	0	0	0	0	0	1,010	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(28,291)	0	(162,622)	437	0	0	0	0	0	0	0	(190,476)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(52,141)	0	(138,858)	437	0	0	0	0	0	0	0	(190,562)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03

Ending:

12/31/03

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	11,814	431,468	11,959	0	0	0	0	0	0	0	0	455,241	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(11,856)	1,293,924	20,359	(23)	0	0	0	0	0	0	0	1,302,404	32
33	Real Estate Taxes	(98,192)	490,225	8,055	0	0	0	0	0	0	0	0	400,088	33
34	Rent-Facility & Grounds	0	(1,581,304)	0	0	0	0	0	0	0	0	0	(1,581,304)	34
35	Rent-Equipment & Vehicles	0	0	4,863	0	0	0	0	0	0	0	0	4,863	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(98,234)	634,313	45,236	(23)	0	0	0	0	0	0	0	581,292	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(345,068)	0	0	0	0	0	0	0	0	0	0	(345,068)	43
44	TOTAL Special Cost Centers	(345,068)	0	0	0	0	0	0	0	0	0	0	(345,068)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(495,443)	634,313	(93,622)	414	0	0	0	0	0	0	0	45,662	45

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03

Ending:

12/31/03

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Robert Hartman	30	See Attached Schedule 6A		ITEX Mgmt. Co.	Lincolnwood	Management Co.
Barry Carr	10			AK Care	Lincolnwood	Management Co.
Michael Harris	20			Care Path Health		
Jack Rajchenbach	20			Network	Lincolnwood	Management Co.
Bernard Hollander	20			The Claridge, L.L.C.	Lincolnwood	Lessor
				Claridge Ivy, LTD	Lincolnwood	Retirement Com.
				JLR Management	Lincolnwood	Management Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30 Depreciation	\$	The Claridge, L.L.C.	100.00%	\$ 431,468	\$ 431,468	1
2	V	32 Interest		The Claridge, L.L.C.	100.00%	1,102,726	1,102,726	2
3	V	32 Amortization of Loan Cost		The Claridge, L.L.C.	100.00%	191,198	191,198	3
4	V	33 Property Taxes		The Claridge, L.L.C.	100.00%	490,225	490,225	4
5	V	34 Rent	1,581,304	The Claridge, L.L.C.	100.00%		(1,581,304)	5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,581,304			\$ 2,215,617	\$ * 634,313	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

NAME OF FACILITY
PROVIDER #
12/31/2003

The Imperial, Grove Pavilion
0037754

Schedule 6A

VII. RELATED PARTIES
RELATED NURSING HOMES
PART A COLUMN 2

NAME	CITY
CLARK MANOR	CHICAGO, IL
CHEVY CHASE CORPORATION	CHICAGO, IL
HALSTED TERRACE	CHICAGO, IL
JACKSON CORPORATION	CHICAGO, IL
GLENVIEW TERRACE	GLENVIEW, IL
HARMONY NURSING & REHABILITATION	CHICAGO, IL
MONROE CORPORATION	CHICAGO, IL
CALIFORNIA GARDENS CORPORATION	CHICAGO, IL
CLARIDGE HOUSE	NORTH MIAMI, FL
RENAISSANCE HILLSIDE	HILLSIDE, IL
CARLTON AT THE LAKE	CHICAGO, IL
REGENTS PARK OF BOCA RATON	BOCA RATON, FL
SOUTH SHORE RENAISSANCE	CHICAGO, IL
RENAISSANCE 87 TH STREET	CHICAGO, IL
RENAISSANCE MIDWAY	CHICAGO, IL
REGENTS PARK OF ADVENTURA	ADVENTURA, FL

See Accountants' Compilation Report

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/03

Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary	\$	ITEX Management Company & AK Care	70.00%	\$ 4,207	\$ 4,207	15
16	V	3 Housekeeping		ITEX Management Company & AK Care	70.00%	12,043	12,043	16
17	V	5 Utilities		ITEX Management Company & AK Care	70.00%	3,632	3,632	17
18	V	6 Repairs and Maintenance		ITEX Management Company & AK Care	70.00%	3,882	3,882	18
19	V	17 Management Fees	252,014	ITEX Management Company & AK Care	70.00%		(252,014)	19
20	V	19 Professional Fees		ITEX Management Company & AK Care	70.00%	7,538	7,538	20
21	V	20 Dues, Subscriptions, Licenses		ITEX Management Company & AK Care	70.00%	238	238	21
22	V	21 Office Expenses		ITEX Management Company & AK Care	70.00%	20,585	20,585	22
23	V	22 Employee Benefits		ITEX Management Company & AK Care	70.00%	59,704	59,704	23
24	V	24 Education and Seminars		ITEX Management Company & AK Care	70.00%	317	317	24
25	V	26 Insurance		ITEX Management Company & AK Care	70.00%	1,010	1,010	25
26	V	30 Depreciation Expense		ITEX Management Company & AK Care	70.00%	11,959	11,959	26
27	V	32 Interest & Amortization Exp		ITEX Management Company & AK Care	70.00%	20,359	20,359	27
28	V	33 Real Estate Taxes		ITEX Management Company & AK Care	70.00%	8,055	8,055	28
29	V	35 Equipment Rental		ITEX Management Company & AK Care	70.00%	4,863	4,863	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 252,014			\$ 158,392	\$ * (93,622)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/03

Ending: 12/31/03

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 Management Fees	\$ 6,110	Care Path Health Network	70.00%	\$	\$ (6,110)
16	V	19 Professional Fees		Care Path Health Network	70.00%	140	140
17	V	20 Dues, Subscriptions, Licenses		Care Path Health Network	70.00%	(266)	(266)
18	V	21 Office Expenses		Care Path Health Network	70.00%	1,983	1,983
19	V	22 Employee Benefits		Care Path Health Network	70.00%	4,627	4,627
20	V	24 Education and Seminar		Care Path Health Network	70.00%	63	63
21	V	32 Interest		Care Path Health Network	70.00%	(23)	(23)
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 6,110			\$ 6,524	\$ * 414

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion # 0037754 Report Period Beginning: 01/01/03 Ending: 12/31/03

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Barry Carr	Administrative	Exec. Admin.	10.00	* 179,999	12.5	32.00	Salary	\$ 66,000	L17, C1	1
2	David Hartman	Administrator	Administrator	0.00	* 40,623	40	100.00	Salary	98,680	L17, C1	2
3	Michael Harris	Administrative	Administrative	20.00	None	17.5	44.00	Salary	66,000	L17, C1	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 230,680		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial, Grove Pavilion
0037754
12/31/2003

Schedule 7A

VII. RELATED PARTIES (continued)

**C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board Of Directors.
Compensation Received From Other Nursing Homes**

Name	Forest Villa	Harmony	Renaissance 87th St.	Renaissance Hillside	Renaissance Midway	Renaissance S.Shore	California	Chevy	Jackson	Monroe	Total
Barry Carr	47,368		15,000	11,939	17,786	17,546	20,929	23,001	16,715	9,715	179,999
David Hartman	4,570		4,570	3,047	5,078	4,570	5,586	6,093	4,570	2,539	40,623
											0
Total Compensation Received From Other Nursing Homes	51,938	0	19,570	14,986	22,864	22,116	26,515	29,094	21,285	12,254	220,622

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization ITEX Management CompanyStreet Address 6633 North Lincoln AvenueCity / State / Zip Code Lincolnwood, IL 60645Phone Number (847) 676-2122Fax Number (847) 679-4606

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Bed days available	466,105	5	\$ 21,664	\$ 90,520	4,207	1	
2	3	Housekeeping	Bed days available	466,105	5	62,013	90,520	12,043	2	
3	5	Utilities	Bed days available	466,105	5	18,704	90,520	3,632	3	
4	6	Repairs and Maintenance	Bed days available	466,105	5	12,584	90,520	2,444	4	
5	6	Scavenger and Exterminating	Bed days available	466,105	5	7,405	90,520	1,438	5	
6	19	Accounting Fees	Bed days available	466,105	5	4,404	90,520	855	6	
7	19	Data Processing	Bed days available	466,105	5	33,153	90,520	6,438	7	
8	19	Legal Fees	Bed days available	466,105	5	1,260	90,520	245	8	
9	20	Dues and Subscriptions	Bed days available	466,105	5	1,224	90,520	238	9	
10	20	Employment Recruitment Fees	Bed days available	466,105	5		90,520	0	10	
11	21	Bank Services Charges	Bed days available	466,105	5	1,266	90,520	246	11	
12	21	Classified Advertising	Bed days available	466,105	5		90,520	0	12	
13	21	Office Supplies	Bed days available	466,105	5	23,144	90,520	4,495	13	
14	21	Postage	Bed days available	466,105	5	55,715	90,520	10,820	14	
15	21	Telephone	Bed days available	466,105	5	25,867	90,520	5,024	15	
16	22	Holiday Expense	Bed days available	466,105	5	2,327	90,520	452	16	
17	24	Education and Seminars	Bed days available	466,105	5	1,632	90,520	317	17	
18	26	Insurance	Bed days available	466,105	5	5,200	90,520	1,010	18	
19	30	Depreciation	Bed days available	466,105	5	61,580	90,520	11,959	19	
20	32	Amortization Loan Costs	Bed days available	466,105	5	13,137	90,520	2,551	20	
21	32	Interest Expense	Bed days available	466,105	5	91,695	90,520	17,808	21	
22	33	Real Estate Taxes	Bed days available	466,105	5	41,479	90,520	8,055	22	
23	35	Equipment Rental	Bed days available	466,105	5	25,042	90,520	4,863	23	
24									24	
25	TOTALS					\$ 510,495	\$		\$ 99,140	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization ITEX Management CompanyStreet Address 6633 North Lincoln AvenueCity / State / Zip Code Lincolnwood, IL 60645Phone Number (847) 676-2122Fax Number (847) 679-4606

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22	Health Insurance	Direct Allocation	5	\$ 180,986	\$	1	\$ 42,209	1
2	22	401 (k) expense	Direct Allocation	5	3,884		1	906	2
3	22	Payroll Taxes	Direct Allocation	5	68,038		1	15,868	3
4	22	Workers' Compensation Ins	Direct Allocation	5	1,152		1	269	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 254,060	\$		\$ 59,252	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03Ending: 12/31/03

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Care Path Health Network

Street Address

6633 North Lincoln Avenue

City / State / Zip Code

Lincolnwood, IL 60645

Phone Number

(847) 676-2122

Fax Number

(847) 679-4606

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	Accounting Fees	Fee Income	339,037	13	\$ 27,324	\$ 27,324	\$ 30	1
2	19	Data Processing	Fee Income	339,037	13	994	27,324	80	2
3	19	Legal Fees	Fee Income	339,037	13	369	27,324	30	3
4	20	Classified Advertising	Fee Income	339,037	13	(3,296)	27,324	(266)	4
5	21	Office Supplies	Fee Income	339,037	13	5,582	27,324	450	5
6	21	Outside Office Help	Fee Income	339,037	13	4,169	27,324	336	6
7	21	Postage	Fee Income	339,037	13		27,324		7
8	21	Telephone	Fee Income	339,037	13	14,853	27,324	1,197	8
9	22	Employee Health Welfare	Fee Income	339,037	13	36,875	27,324	2,972	9
10	22	Payroll Taxes	Fee Income	339,037	13	20,537	27,324	1,655	10
11	24	Education and Seminars	Fee Income	339,037	13	784	27,324	63	11
12	32	Interest	Fee Income	339,037	13	(286)	27,324	(23)	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 80,949	\$	\$ 6,524	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Imperial Grove Pavilion# 0037754

Report Period Beginning:

01/01/03

Ending:

12/31/03

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	LaSalle National Bank		X	Mortgage	Interest Only	09/01/03	\$ 14,477,376	\$ 14,477,376	03/31/04	0.0450	\$ 596,616	1							
2	Judy Harris Trust		X	Purchase of van	\$746.00	10/01/03	62,697	49,197	08/30/10	0.0675	833	2							
3												3							
4												4							
5												5							
	Working Capital																		
6	Shareholders Loans	X		Working Capital	Interest Only	12/21/00	550,000	550,000	12/31/03	0.0800		6							
7	Shareholders Loans	X		Working Capital	Interest Only	08/31/03	4,400,000	2,079,382	08/31/04	0.0475	59,695	7							
8												8							
9	TOTAL Facility Related				\$746.00		\$ 19,490,073	\$ 17,155,955			\$ 657,144	9							
	B. Non-Facility Related*																		
10								Amortization of loan cost			193,749	10							
11								Allocation from management co.			540,688	11							
12								Miscellaneous interest expense			2,237	12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ 736,674	14							
15	TOTALS (line 9+line14)						\$ 19,490,073	\$ 17,155,955			\$ 1,393,818	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number **The Imperial Grove Pavilion**# **0037754** Report Period Beginning: **01/01/03** Ending: **12/31/03****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2002 report.			\$	480,480	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2002		\$	485,187	2
3. Under or (over) accrual (line 2 minus line 1).			\$	4,707	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	485,520	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
				Allocation from Mgmt. Co. 7,092	
				Adjust taxes paid to 67% (98,192)	
TOTAL REFUND \$	For	Tax Year.			6
			\$		
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	399,127	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	1998	483,979	8		
	1999	480,730	9		
	2000	467,646	10		
	2001	479,808	11		
	2002	485,187	12		
2002 Real Estate Tax Bill	485187	*2002 Total Real Estate Tax Bill	577,604		
Estimated Increase	1	Imperial portion for financial stmt.	485,187	84%	
2003 Accrual	485520	Imperial portion for cost report	386995	67%	
		Adjustment	(98,192)		
				FOR OHF USE ONLY	
				13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Imperial Grove Pavilion COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0037754

CONTACT PERSON REGARDING THIS REPORT James Slesur

TELEPHONE (773) 539-2122 FAX #: (773) 935-0036

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>14-29-321-040</u>	<u>Nursing Home</u>	\$ <u>577,604.00</u>	\$ <u>386,995.00</u>
2.	<u>10-35-312-022</u>	<u>Nursing Home</u>	\$ <u>43,388.00</u>	\$ <u>8,055.00</u>
3.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
		TOTALS	\$ <u>620,992.00</u>	\$ <u>395,050.00</u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? X YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

See Accountants' Compilation Report

A. Square Feet:

91,703

B. General Construction Type:

Exterior

Brick

Frame

Reinforced Concrete

Number of Stories

6

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

Claridge Lincoln Park, Ltd.; Retirement apartment rentals; 119 units

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

n/a

2. Number of Years Over Which it is Being Amortized:

n/a

3. Current Period Amortization:

n/a

4. Dates Incurred:

n/a

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Resident Care	Not available	1998	\$ 40,000	1
2					2
3	TOTALS			\$ 40,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

12/31/03

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Sheet Metal	1998	\$ 11,981	\$ 599	20	\$ 599	\$	\$ 3,295		37
38	Lighting	1998	7,156	358	20	358		1,969		38
39	Screens	1998	2,704	135	20	135		743		39
40	Piping	1998	4,145	207	20	207		1,139		40
41	Fire Alarms & Fire Proofing	1998	12,534	627	20	627		3,448		41
42	Tile	1998	967	49	20	49		269		42
43	Driveway	1998	7,342	367	20	367		2,019		43
44	Tuckpointing	1998	39,242	1,962	20	1,962		10,790		44
45	Ground Fuel Tank	1999	17,985	899	20	899		4,046		45
46	Carpet	1999	28,114	1,406	20	1,406		6,327		46
47	Wallcovering	1999	36,585	1,830	20	1,830		8,234		47
48	Floor in Dining Room	1999	9,850	493	20	493		2,218		48
49	Signs	1999	1,765	88	20	88		396		49
50	Electrical Work	1999	20,508	1,025	20	1,025		4,613		50
51	Brick & Masonry Work	1999	12,345	617	20	617		2,776		51
52	Gas Line Improvements	1999	1,633	82	20	82		369		52
53	Alarm System	1999	1,388	69	20	69		311		53
54	Wallcovering	2000	21,554	1,078	20	1,078		3,773		54
55	Flooring	2000	13,293	664	20	664		2,324		55
56	Carpet	2000	8,284	414	20	414		1,449		56
57	Over Bed Lights	2000	4,593	230	20	230		805		57
58	Compactor	2000	6,800	340	20	340		1,190		58
59	Paging System	2000	9,909	496	20	496		1,736		59
60	CCTV System	2000	5,456	272	20	272		952		60
61	Wander Guard System	2000	18,540	928	20	928		3,248		61
62	Handrails, Kickplates, Wallbases	2000	6,038	302	20	302		1,057		62
63	Fuel Tank Project	2000	1,444	72	20	72		252		63
64	FirstQ System	2000	1,378	68	20	68		238		64
65	Chain Link Fence	2000	745	38	20	38		133		65
66	Alarm System	2000	5,051	252	20	252		882		66
67	Service P.A. System	2000	1,924	96	20	96		336		67
68	Remodel 13 Bedrooms	2000	18,112	906	20	906		3,171		68
69										69
70	TOTAL (lines 4 thru 69)		\$ 15,367,607	\$ 30,950		\$ 400,836	\$ 369,886	\$ 2,190,157		70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,367,607	\$ 30,950		\$ 400,836	\$ 369,886	\$ 2,190,157	1
2	Repair Elevator	2000	990	50	20	50		175	2
3	Remodel Smoking Room	2000	23,565	1,178	20	1,178		4,123	3
4	Remodel Old Smoking Room to Library	2000	4,690	234	20	234		819	4
5	Remodel 1st Floor	2000	10,540	528	20	528		1,848	5
6	Remodel 6th Floor Dining Room	2000	4,970	248	20	248		868	6
7	Remodel 3rd Floor Dining Room	2000	959	48	20	48		168	7
8	Call Station	2000	4,475	224	20	224		784	8
9	Landscaping	2000	2,785		n/a				9
10	Roof repair	2001	3,830	192	20	192		480	10
11	Masonry repair	2001	15,227	762	20	762		1,905	11
12	Stainless steel toilet bars	2001	1,645	80	20	80		200	12
13	Masonry repair	2001	3,700	186	20	186		465	13
14	New tile	2001	3,633	182	20	182		456	14
15	Tile coating	2001	4,540	228	20	228		570	15
16	New Wanderguard system	2001	4,407	111	20	111		111	16
17	New relay rack	2001	3,788	18	20	18		18	17
18	CCTV	2002	1,146	57	20	57		86	18
19	CCTV	2002	1,440	72	20	72		108	19
20	Masonry repair	2002	10,000	500	20	500		750	20
21	Roof repair	2002	3,350	168	20	168		1,011	21
22	Masonry repair	2002	15,760	788	20	788		1,182	22
23	Masonry repair	2002	4,275	214	20	214		321	23
24	Locking system	2002	1,843	92	20	92		138	24
25	Pallet warmer	2002	3,272	164	20	164		246	25
26	Cooler/freezer doors	2003	3,391	85	20	85		85	26
27	Doors	2003	13,650	342	20	342		342	27
28	Fence	2003	1,259	31	20	31		31	28
29	Stem repair, heater gasket	2003	1,667	42	20	42		42	29
30	Nubrite coil	2003	572	14	20	14		14	30
31	High voltage, valve	2003	1,432	36	20	36		36	31
32	Gravel removal	2003	4,750	119	20	119		119	32
33	Switches, exit glass, thermometer	2003	10,945	273	20	273		273	33
34	TOTAL (lines 1 thru 33)		\$ 15,540,103	\$ 38,216		\$ 408,102	\$ 369,886	\$ 2,207,931	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,540,103	\$ 38,216		\$ 408,102	\$ 369,886	\$ 2,207,931	1
2	Riser cleaning, pipe fitting	2003	1,311	33	20	33		33	2
3	Locks	2003	5,123	129	20	129		129	3
4	Cable	2003	2,300	57	20	57		57	4
5	Downspout	2003	950	24	20	24		24	5
6	Carpet	2003	780	20	20	20		20	6
7	Handrails	2003	1,595	40	20	40		40	7
8	Washer	2003	1,352	34	20	34		34	8
9	Outdoor card reader	2003	1,124	28	20	28		28	9
10	Transport	2003	1,271	32	20	32		32	10
11	Security system	2003	25,405	635	20	635		635	11
12	Alarm system	2003	7,587	189	20	189		189	12
13	Tile	2003	10,408	260	20	260		260	13
14	Nurse call system	2003	2,583	65	20	65		65	14
15									15
16									16
17	Allocated from Management Company	1993	39,197		20	1,960	1,960	20,983	17
18	Allocated from Management Company	1994	21,054		20	1,053	1,053	9,771	18
19	Allocated from Management Company	1995	3,588		20	179	179	1,471	19
20	Allocated from Management Company	1996	204		20	9	9	81	20
21	Allocated from Management Company	1997	6,053		20	303	303	1,967	21
22	Allocated from Management Company	1999	672		20	34	34	168	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,672,660	\$ 39,762		\$ 413,186	\$ 373,424	\$ 2,243,918	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,040,198	\$ 127,530	\$ 198,482	\$ 70,952	10	\$ 1,271,811	71
72	Current Year Purchases	89,454	4,517	4,517		10	4,517	72
73	Fully Depreciated Assets							73
74	Allocated from Mgmt. Co. & Related Parties	119,995		10,865	10,865		91,313	74
75	TOTALS	\$ 2,249,647	\$ 132,047	\$ 213,864	\$ 81,817		\$ 1,367,641	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Patient Care	1994 Ford Van	1994	\$ 30,750	\$	\$		5	\$ 30,750	76
77	Patient Care	1998 Ford Van	1999	20,449	4,090	4,090		5	18,405	77
78	Patient Care	2003 Ford Van	2003	49,856	4,985	4,985		5	4,985	78
79										79
80	TOTALS			\$ 101,055	\$ 9,075	\$ 9,075			\$ 54,140	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,063,362	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 180,884	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 636,125	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 455,241	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,665,699	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions.

☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease _____.

9. Option to Buy: ☐ YES ☒ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☒ YES ☐ NO

16. Rental Amount for movable equipment: \$ 17,558 Description: Medical Equipment \$1,750; Copier \$3,870; Rent-Storage \$7,075; Allocated from Mgmt. co. \$4,863

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Administrative</u>	<u>2003 Infiniti G35</u>	\$ <u>687.00</u>	\$ <u>9,271</u>	17
18					18
19					19
20					20
21	TOTAL		\$ 687.00	\$ 9,271	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2004 \$ _____

13. _____ /2005 \$ _____

14. _____ /2006 \$ _____

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input checked="" type="checkbox"/> HOURS PER AIDE <u>40</u>	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input checked="" type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE <u>80</u>
---	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$ 3,250	\$	\$ 3,250
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 3,250	\$	\$ 3,250
10	SUM OF line 9, col. 1 and 2 (e)	\$	3,250		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ N/A

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	<u>10</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	10

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
					Units	Cost				
1	Licensed Occupational Therapist	L10a, C3	hrs	\$	28,210	\$ 405,101	\$	28,210	\$ 405,101	1
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs		5,451	84,649		5,451	84,649	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C3	hrs		32,785	472,101		32,785	472,101	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescripts				317,409		317,409	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Schedule 16A		1854	40,782	50	2,417	40,906	1,904	84,105	13
14	TOTAL			\$ 40,782	66,496	\$ 964,268	\$ 358,315	68,350	\$ 1,363,365	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

The Imperial, Grove Pavilion

Provider #: 0037754

1/1/2003 to 12/31/2003

Schedule 16A

XIV. Special Services

Line 13 Other (specify):

Service	Line Reference	Staff Units of Service	Cost	Outside Practioner		
				Units	Cost	Supplies
Oxygen	L39, C2					19,698
Air Flotation Mattress	L39, C2					21,208
Licensed Respiratory Therapist	L10a, C1	1,854 hrs.	40,782			
Transportation	L39, C3			50	2,417	
Total		0	40,782	50	2,417	40,906

See Accountants' Compilation Report

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 47,677	\$ 47,677	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 194,655)	3,514,674	3,514,674	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	151,522	151,522	6
7	Other Prepaid Expenses	410,282	1,439,282	7
8	Accounts Receivable (owners or related parties)	622,462	1,124,114	8
9	Other(specify): See Schedule 17A	901,986	901,986	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,648,603	\$ 7,179,255	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		40,000	13
14	Buildings, at Historical Cost		14,819,619	14
15	Leasehold Improvements, at Historical Cost	820,061	853,041	15
16	Equipment, at Historical Cost	1,512,312	2,350,702	16
17	Accumulated Depreciation (book methods)	(1,173,071)	(3,665,699)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Loan Costs		404,165	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,159,302	\$ 14,801,828	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,807,905	\$ 21,981,083	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 417,744	\$ 417,744	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	73,299	73,299	28
29	Short-Term Notes Payable	5,866	5,866	29
30	Accrued Salaries Payable	202,574	202,574	30
31	Accrued Taxes Payable (excluding real estate taxes)	32,003	32,003	31
32	Accrued Real Estate Taxes(Sch.IX-B)		485,520	32
33	Accrued Interest Payable	551	55,151	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	1,190,148	1,190,148	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,922,185	\$ 2,462,305	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,672,713	17,150,089	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,672,713	\$ 17,150,089	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,594,898	\$ 19,612,394	46
47	TOTAL EQUITY (page 18, line 24)	\$ 2,213,007	\$ 2,368,689	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,807,905	\$ 21,981,083	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

FACILITY NAME THE IMPERIAL, GROVE PAVILION
 PROVIDER # 0037754
 12/31/2003

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.

A. Current Assets

Other (specify):	Operating	After Consolidation
Employee Loans	75,014	75,014
Due from AK Care	49,895	49,895
Due from Related Parties	777,077	777,077
Total Line 9 - Other(specify):	901,986	901,986

C. Current Liabilities

Other Current Liabilities (specify):	Operating	After Consolidation
Due to Related Parties	271,155	271,155
Due to Public Aid	112,227	112,227
Short Term Loan Exchanges	(172)	(172)
Resident Credit Balances	823,543	823,543
Money Life Insurance	36	36
Other Accrued Expenses	(16,641)	(16,641)
Total Line 36 - Other Current Liabilities(specify):	1,190,148	1,190,148

See Accountants' Compilation Report

Facility Name & ID Number The Imperial Grove Pavilion

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,726,490	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,726,490	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(513,483)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (513,483)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,213,007	24

Operating Entity Only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

Page 19

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/03

Ending:

12/31/03

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,489,773	1
2	Discounts and Allowances for all Levels	(1,168,850)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,320,923	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,137,161	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,137,161	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	22,480	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	455,919	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	102,103	19
20	Radiology and X-Ray		20
21	Other Medical Services	63,893	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 644,395	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,856	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,856	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Schedule 19A</u>	9,993	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,993	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,124,328	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	2,476,002	31
32	Health Care	5,822,163	32
33	General Administration	2,601,730	33
B. Capital Expense			
34	Ownership	1,888,849	34
C. Ancillary Expense			
35	Special Cost Centers	713,287	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,637,811	40
41	Income before Income Taxes (line 30 minus line 40)**	(513,483)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (513,483)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.
Entity is a cash basis taxpayer

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

FACILITY NAME: THE IMPERIAL, GROVE PAVILION
PROVIDER # 0037754
12/31/2003

Schedule 19A

XVII. INCOME STATEMENT
Revenue

<u>E. Other Revenue (specify):</u>	<u>Amount</u>
Miscellaneous income	940
Wage assignment fees	78
Vending Commission	8,975
	<hr/>
Total Line 28 - Other Revenue (specify):	<u><u>9,993</u></u>

See Accountants' Compilation Report

Facility Name & ID Number The Imperial Grove Pavilion

0037754

Report Period Beginning: 01/01/03

Ending:

12/31/03

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,733	2,116	\$ 91,148	\$ 43.08	1
2	Assistant Director of Nursing	1,414	1,486	50,290	33.84	2
3	Registered Nurses	22,882	23,576	604,503	25.64	3
4	Licensed Practical Nurses	36,673	38,089	785,929	20.63	4
5	Nurse Aides & Orderlies	156,266	161,873	1,292,905	7.99	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	1,766	1,854	40,782	22.00	7
8	Rehab/Therapy Aides	6,880	7,393	72,839	9.85	8
9	Activity Director	203	202	2,303	11.40	9
10	Activity Assistants	16,693	17,596	133,765	7.60	10
11	Social Service Workers	2,616	2,718	46,246	17.01	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	10,407	10,861	122,047	11.24	14
15	Cook Helpers/Assistants	37,510	39,085	251,707	6.44	15
16	Dishwashers					16
17	Maintenance Workers	7,098	7,546	93,955	12.45	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	6,134	6,246	230,680	36.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	41,654	43,190	633,788	14.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: See Sch20A	13,713	14,882	256,121	17.21	32
33	Other(specify) Beautician	1,408	1,408	21,466	15.25	33
34	TOTAL (lines 1 - 33)	365,050	380,121	\$ 4,730,474 *	\$ 12.44	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 42,454	L1, C3	35
36	Medical Director	Monthly	24,000	L9, C3	36
37	Medical Records Consultant	82	4,082	L10, C3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	1,800	L10, C3	39
40	Physical Therapy Consultant	308	48,869	L10A, C3	40
41	Occupational Therapy Consultant	194	8,738	L10A, C3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	49	2,231	L11, C3	44
45	Social Service Consultant	20	1,183	L12, C3	45
46	Other(specify)				46
47	Religious Service	Monthly	4,200	L12, C3	47
48					48
49	TOTAL (lines 35 - 48)	653	\$ 137,556		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,061	\$ 96,647	L10, C3	50
51	Licensed Practical Nurses	22,953	767,336	L10, C3	51
52	Nurse Aides	606	18,945	L10, C3	52
53	TOTAL (lines 50 - 52)	25,620	\$ 882,928		53

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name The Imperial, Grove Pavillion
PROVIDER # 0037754
Period Ending 12/31/2003

Schedule 20A

XVIII. STAFFING AND SALARY COSTS

	Hours Worked	Hours Paid	Salary	Avg Hr Wage	Cost Report Line
Ward Clerk	7,096	7,561	81,427	\$ 10.77	10
Nursing Administrative	6,617	7,321	174,694	\$ 23.86	10
Total Line 32 - Other Health Care	13,713	14,882	\$ 256,121	\$ 17.21	

See Accountants' Compilation Report

Facility Name & ID Number The Imperial Grove Pavilion

XIX. SUPPORT SCHEDULES

STATE OF ILLINOIS

0037754

Report Period Beginning: 01/01/03

Page 21

Ending: 12/31/03

A. Administrative Salaries <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 15%;">Function</th> <th style="width: 10%;">Ownership %</th> <th style="width: 45%;">Amount</th> </tr> </thead> <tbody> <tr> <td>David Hartman</td> <td>Administrator</td> <td>0</td> <td style="text-align: right;">\$ 98,680</td> </tr> <tr> <td>Barry Carr</td> <td>Administrative</td> <td>10.00%</td> <td style="text-align: right;">66,000</td> </tr> <tr> <td>Michael Harris</td> <td>Administrative</td> <td>20.00%</td> <td style="text-align: right;">66,000</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3">TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)</td> <td style="text-align: right;">\$ 230,680</td> </tr> </tbody> </table>				Name	Function	Ownership %	Amount	David Hartman	Administrator	0	\$ 98,680	Barry Carr	Administrative	10.00%	66,000	Michael Harris	Administrative	20.00%	66,000													TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 230,680	D. Employee Benefits and Payroll Taxes <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>Workers' Compensation Insurance</td><td style="text-align: right;">\$ 54,294</td></tr> <tr><td>Unemployment Compensation Insurance</td><td style="text-align: right;">77,026</td></tr> <tr><td>FICA Taxes</td><td style="text-align: right;">343,023</td></tr> <tr><td>Employee Health Insurance</td><td style="text-align: right;">239,504</td></tr> <tr><td>Employee Meals</td><td style="text-align: right;">62,879</td></tr> <tr><td>Illinois Municipal Retirement Fund (IMRF)*</td><td> </td></tr> <tr><td>Chicago Head Tax</td><td style="text-align: right;">7,616</td></tr> <tr><td>Miscellaneous Employee Benefits</td><td style="text-align: right;">44,155</td></tr> <tr><td>Tuition Reimbursement</td><td style="text-align: right;">320</td></tr> <tr><td>Uniforms</td><td style="text-align: right;">7,371</td></tr> <tr><td>Christmas Expenses</td><td style="text-align: right;">13,205</td></tr> <tr><td>401K Plan</td><td style="text-align: right;">7,251</td></tr> <tr><td>Allocated from Management Company</td><td style="text-align: right;">64,331</td></tr> <tr> <td>TOTAL (agree to Schedule V, line 22, col.8)</td> <td style="text-align: right;">\$ 920,975</td> </tr> </tbody> </table>				Description	Amount	Workers' Compensation Insurance	\$ 54,294	Unemployment Compensation Insurance	77,026	FICA Taxes	343,023	Employee Health Insurance	239,504	Employee Meals	62,879	Illinois Municipal Retirement Fund (IMRF)*		Chicago Head Tax	7,616	Miscellaneous Employee Benefits	44,155	Tuition Reimbursement	320	Uniforms	7,371	Christmas Expenses	13,205	401K Plan	7,251	Allocated from Management Company	64,331	TOTAL (agree to Schedule V, line 22, col.8)	\$ 920,975	F. Dues, Fees, Subscriptions and Promotions <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Description</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr><td>IDPH License Fee</td><td style="text-align: right;">\$ </td></tr> <tr><td>Advertising: Employee Recruitment</td><td style="text-align: right;">37,557</td></tr> <tr><td>Health Care Worker Background Check (Indicate # of checks performed <u>521</u>)</td><td style="text-align: right;">4,381</td></tr> <tr><td>Illinois Council on Long-Term Care</td><td style="text-align: right;">14,136</td></tr> <tr><td>JCAHO</td><td> </td></tr> <tr><td>Various Dues, Subscriptions, & Manuals</td><td style="text-align: right;">8,549</td></tr> <tr><td>Various Inspections</td><td style="text-align: right;">3,516</td></tr> <tr><td>Various Licenses & Permits</td><td style="text-align: right;">1,946</td></tr> <tr><td>Allocated from Management Co.</td><td style="text-align: right;">238</td></tr> <tr><td>Less: Public Relations Expense</td><td style="text-align: right;">()</td></tr> <tr><td>Non-allowable advertising</td><td style="text-align: right;">()</td></tr> <tr><td>Yellow page advertising</td><td style="text-align: right;">()</td></tr> <tr> <td>TOTAL (agree to Sch. V, line 20, col. 8)</td> <td style="text-align: right;">\$ 70,323</td> </tr> </tbody> </table>				Description	Amount	IDPH License Fee	\$	Advertising: Employee Recruitment	37,557	Health Care Worker Background Check (Indicate # of checks performed <u>521</u>)	4,381	Illinois Council on Long-Term Care	14,136	JCAHO		Various Dues, Subscriptions, & Manuals	8,549	Various Inspections	3,516	Various Licenses & Permits	1,946	Allocated from Management Co.	238	Less: Public Relations Expense	()	Non-allowable advertising	()	Yellow page advertising	()	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 70,323
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* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

The Imperial, Grove Pavilion

Provider #: 0037754

1/1/2003 to 12/31/2003

Schedule 21A

XIX. SUPPORT SCHEDULE

C. Professional Services

Vendor/Payee	Type	Amount
Sachnoff & Weaver, Ltd.	Legal	3,040
Stone, McGuire & Benjami	Legal	16,167
Winston & Strawn	Legal	1,240
Myers & Miller	Legal	1,612
Segal & Segal	Legal	30,509
Klein, Dub & Holleb, Ltd.	Legal	12,498
Carol Babbitt	Legal	6,999
VedderPrice	Legal	5,690
Medi	Data Processing	655
American Express	Data Processing	239
Platinum Plus	Data Processing	525
Extended Care	Data Processing	2,562
		<hr/>
Total (agree to Schedule V, line 19, column 3)		157,636
<hr/>		
Disallowed legal fees:		
Sachnoff & Weaver, Ltd.		(593)
Stone, McGuire & Benjamin		(1,203)
Winston & Strawn		(1,240)
Myers & Miller		(1,089)
VedderPrice		(4,264)
Klein, Dub & Holleb, Ltd.		(60)
		<hr/>
		(8,449)
<hr/>		
Disallowed consulting fees:		
Commitment Consulting		(13,515)
		<hr/>
Professional fees allocated from Itex		
Data Processing		6,438
Legal		245
Accounting		855
		<hr/>
		7,538
<hr/>		
Professional fees allocated from Care Path Health Network		
Data Processing		80
Legal		30
Accounting		30
		<hr/>
		140
		<hr/>
Total (agree to Schedule V, line 19, column 8)		143,350
<hr/>		
See Accountants' Compilation Report		

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3	N/A												
4													
5													
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17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

<p>Facility Name & ID Number <u>The Imperial Grove Pavilion</u></p> <p>XX. GENERAL INFORMATION:</p> <p>(1) Are nursing employees (RN,LPN,NA) represented by a union? <u>Yes</u></p> <p>(2) Are there any dues to nursing home associations included on the cost report? <u>Yes</u> If YES, give association name and amount. <u>Illinois Council on Long-Term Care \$14,136</u></p> <p>(3) Did the nursing home make political contributions or payments to a political organization? <u>Yes</u> If YES, have these costs been properly adjusted out of the cost report? <u>Yes</u></p> <p>(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? <u>No</u> If YES, what is the capacity? <u>n/a</u></p> <p>(5) Have you properly capitalized all major repairs and equipment purchases? <u>Yes</u> What was the average life used for new equipment added during this period? <u>10 years</u></p> <p>(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ <u>16,361</u> Line <u>10</u></p> <p>(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? <u>Yes</u> If NO, attach a complete explanation.</p> <p>(8) Are you presently operating under a sale and leaseback arrangement? <u>No</u> If YES, give effective date of lease. <u>n/a</u></p> <p>(9) Are you presently operating under a sublease agreement? YES <u>x</u> NO</p> <p>(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO <u>x</u> If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over <u>n/a</u></p> <p>(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ <u>135,780</u> This amount is to be recorded on line 42 of Schedule V.</p> <p>(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? <u>No</u> If YES, attach an explanation of the allocation.</p>	<p style="text-align: center;">STATE OF ILLINOIS</p> <p># <u>0037754</u> Report Period Beginning: <u>01/01/03</u> Ending: <u>12/31/03</u></p> <p>(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? <u>Yes</u></p> <p>(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? <u>No</u> For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions</p> <p>(15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ <u>62,879</u> Has any meal income been offset against related costs? <u>No</u> Indicate the amount. \$ <u>0</u></p> <p>(16) Travel and Transportation a. Are there costs included for out-of-state travel? <u>No</u> If YES, attach a complete explanation. b. Do you have a separate contract with the Department to provide medical transportation for residents? <u>No</u> If YES, please indicate the amount of income earned from such a program during this reporting period. \$ <u>N/A</u> c. What percent of all travel expense relates to transportation of nurses and patients? <u>0%</u> d. Have vehicle usage logs been maintained? <u>Adequate records have been maintained.</u> e. Are all vehicles stored at the nursing home during the night and all other times when not in use? <u>Yes</u> f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? <u>n/a</u> g. Does the facility transport residents to and from day training? <u>No</u> Indicate the amount of income earned from providing such transportation during this reporting period. \$ <u>N/A</u></p> <p>(17) Has an audit been performed by an independent certified public accounting firm? <u>No</u> Firm Name: <u>N/A</u> The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? <u>N/A</u> If no, please explain. <u>N/A</u></p> <p>(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? <u>Yes</u></p> <p>(19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? <u>Yes</u> Attach invoices and a summary of services for all architect and appraisal fees.</p>
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SEE ACCOUNTANTS' COMPILATION REPORT

RECONCILIATION REPORT

The Imperial Grove Pavi

12:13 PM

11/4/2005

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	45,662	equal to	45,662	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	1,393,818	equal to	1,393,818	0	FAILED	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	399,127	equal to	399,127	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	n/a	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	636,125	equal to	636,125	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	26,829	equal to	26,829	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	3,250	equal to	3,250	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv. - Staff Wages	40,782	equal to	0	0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	1,019,458	equal to	1,060,240	-40,782	FAILED	Pg16 Z12+Z14...	N/A/B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv. - Supplies	358,315	equal to	358,315	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	2,476,002	equal to	2,476,002	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	5,822,163	equal to	5,822,163	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	2,801,730	equal to	2,801,730	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	1,888,849	equal to	1,888,849	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	713,287	equal to	713,287	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	135,780	equal to	135,780	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	2,824,775	equal to	3,153,735	-328,960	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to	0	0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	40,782	equal to	0	0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	136,068	equal to	136,068	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	46,246	equal to	46,246	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	373,754	equal to	373,754	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	93,955	equal to	93,955	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	0	equal to	0	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	0	equal to	0	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	230,680	equal to	230,680	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	633,788	equal to	633,788	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	4,730,474	equal to	4,730,474	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	42,454	< or = to	728,350	-685,896	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	24,000	< or = to	24,000	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	888,810	< or = to	888,810	0	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	2,231	< or = to	2,231	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	1,183	< or = to	5,383	-4,200	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	230,680	equal to	230,680	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	258,124	equal to	258,124	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	157,636	equal to	157,636	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	920,975	equal to	920,975	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	70,323	equal to	70,323	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	6,405	equal to	6,405	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	135,780	equal to	135,780	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	62,879	< or = to	127,210	-64,331	O.K.	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	62,879	equal to	62,879	0	O.K.	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to	0	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	8,958	equal to	8,958	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	541,105	equal to	541,105	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4†	B.	14	8
Total loan balance	17,155,955	equal to	17,155,955	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	485,520	equal to	485,520	0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	40,000	equal to	40,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	15,672,660	equal to	15,672,660	0	FAILED	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	2,350,702	equal to	2,350,702	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	3,665,699	equal to	3,665,699	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	2,213,007	equal to	2,213,007	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-513,483	equal to	-513,483	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to	0	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	6,807,905	equal to	6,807,905	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Enter One Center Expenses	YOUR NAME CHANGES THE SUPPORT CLASS. That's ALL YOU TO THE COST REPORT			G-13-02-PM
File Number	G-Name		G-Location/Position	
Cost report period	From	To	Class	Base Number
Enter an 01-01-01 or 01-01-01 facility, enter a 1 or 02	01-01-01	01-01-01	01-01-01	01-01-01
Enter base days	01-01-01	01-01-01	01-01-01	01-01-01
Current base day Support/Plan	0			
Card Services Salary/Wage	487,780 Card 1, Line 8 - (check all)			
Card Admin Salary/Wage	487,480 Card 1, Line 28 - (check all)			
Total Salary Wage	4,780,470 Card 1, Line 40 - (check all)			
Employee Benefits	487,470 Card 1, Line 32 - (check all)			
Total General Services	2,017,000 Card 8, Line 8 - (check all)			
Total General Admin	2,017,000 Card 8, Line 28 - (check all)			

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A	<p>Name the appropriate inflation multiplier</p> <p>Name the inflation multiplier, and find its multiplier effect (compare with the base number you have calculated)</p> <p>General Services Multiplier</p> <p>General Administration Multiplier</p>	
B	<p>Apply inflation multipliers to Update Cost</p> <p>1) Multiply New Total General Services Cost (Step 1a) by 1.0 by the appropriate multiplier from Table 1</p> <p>New Total General Services Cost (Step 1a)</p> <p>General Services Multiplier (Step 1B)</p> <p>Updated General Services Cost</p> <p>2) Multiply New Total General Administration Cost (from Step 1B) by the appropriate multiplier from Table 1</p> <p>New Total General Services Cost (Step 1a)</p> <p>General Administration Multiplier (Step 1B)</p> <p>Updated General Services Cost</p> <p>3) Total Updated Support Costs (1 + 2)</p>	<p>\$2,026,760</p> <p>\$1,001,000</p>

CPY	Current Total Requested Support Costs (\$)	CPY to Open Costs
	<p>Amount of these provisions will be compared with actual costs.</p> <p align="right">(\$100)</p>	
A.	<p>The provisions (Cost Budget, Page 3, Schedule A-2) equal to or within 2% of actual costs.</p> <p>Requester will submit a copy of the provisions to the support agency by 12/31/01 for review and approval.</p> <p>100% (Cost Budget, Page 3, Schedule A-2, above)</p> <p align="right">(\$100)</p>	
	<p>Total Requested Support Costs (\$)</p> <p>100% (Cost Budget, Page 3, Schedule A-2, above)</p> <p align="right">(\$100)</p>	
B.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
C.	<p>The provisions (Cost Budget, Page 3, Schedule A-2) equal to or within 2% of actual costs.</p> <p>Requester will submit a copy of the provisions to the support agency by 12/31/01 for review and approval.</p> <p>100% (Cost Budget, Page 3, Schedule A-2, above)</p> <p align="right">(\$100)</p>	
	<p>Total Requested Support Costs (\$)</p> <p>100% (Cost Budget, Page 3, Schedule A-2, above)</p> <p align="right">(\$100)</p>	
D.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
E.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
F.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
G.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
H.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
I.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
J.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
K.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
L.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
M.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
N.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
O.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
P.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
Q.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
R.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
S.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
T.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
U.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
V.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
W.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
X.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
Y.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	
Z.	<p>Requester has provided a copy of the provisions to the support agency by 12/31/01.</p> <p align="right">(\$100)</p>	

[illegible][illegible]

② YOUR FIRM'S TOTAL SUPPORT RATE from A, B, or C also

Lipid metabolism		
Gene	Conserved	Conserved
Accession	Accession	Accession
262	1.11-102	1.10-103
263	1.11-103	1.10-104
264	1.11-101	1.10-106
265	1.10-102	1.10-107
266	1.10-102	1.10-107
267	1.10-102	1.10-108
268	1.11-101	1.10-109
269	1.10-107	1.11-104
270	1.10-107	1.11-105
271	1.10-107	1.11-106
272	1.10-107	1.11-107
273	1.10-107	1.11-108
274	1.10-107	1.11-109
275	1.10-107	1.11-110
276	1.10-107	1.11-111
277	1.10-107	1.11-112
278	1.10-107	1.11-113
279	1.10-107	1.11-114
280	1.10-107	1.11-115
281	1.10-107	1.11-116
282	1.10-107	1.11-117
283	1.10-107	1.11-118
284	1.10-107	1.11-119
285	1.10-107	1.11-120
286	1.10-107	1.11-121
287	1.10-107	1.11-122
288	1.10-107	1.11-123
289	1.10-107	1.11-124
290	1.10-107	1.11-125
291	1.10-107	1.11-126
292	1.10-107	1.11-127
293	1.10-107	1.11-128
294	1.10-107	1.11-129
295	1.10-107	1.11-130
296	1.10-107	1.11-131
297	1.10-107	1.11-132
298	1.10-107	1.11-133
299	1.10-107	1.11-134
300	1.10-107	1.11-135
301	1.10-107	1.11-136
302	1.10-107	1.11-137
303	1.10-107	1.11-138
304	1.10-107	1.11-139
305	1.10-107	1.11-140
306	1.10-107	1.11-141
307	1.10-107	1.11-142
308	1.10-107	1.11-143
309	1.10-107	1.11-144
310	1.10-107	1.11-145
311	1.10-107	1.11-146
312	1.10-107	1.11-147
313	1.10-107	1.11-148
314	1.10-107	1.11-149
315	1.10-107	1.11-150
316	1.10-107	1.11-151
317	1.10-107	1.11-152
318	1.10-107	1.11-153
319	1.10-107	1.11-154
320	1.10-107	1.11-155
321	1.10-107	1.11-156
322	1.10-107	1.11-157
323	1.10-107	1.11-158
324	1.10-107	1.11-159
325	1.10-107	1.11-160
326	1.10-107	1.11-161
327	1.10-107	1.11-162
328	1.10-107	1.11-163
329	1.10-107	1.11-164
330	1.10-107	1.11-165
331	1.10-107	1.11-166
332	1.10-107	1.11-167
333	1.10-107	1.11-168
334	1.10-107	1.11-169
335	1.10-107	1.11-170
336	1.10-107	1.11-171
337	1.10-107	1.11-172
338	1.10-107	1.11-173
339	1.10-107	1.11-174
340	1.10-107	1.11-175
341	1.10-107	1.11-176
342	1.10-107	1.11-177
343	1.10-107	1.11-178
344	1.10-107	1.11-179
345	1.10-107	1.11-180
346	1.10-107	1.11-181
347	1.10-107	1.11-182
348	1.10-107	1.11-183
349	1.10-107	1.11-184
350	1.10-107	1.11-185
351	1.10-107	1.11-186
352	1.10-107	1.11-187
353	1.10-107	1.11-188
354	1.10-107	1.11-189
355	1.10-107	1.11-190
356	1.10-107	1.11-191
357	1.10-107	1.11-192
358	1.10-107	1.11-193
359	1.10-107	1.11-194
360	1.10-107	1.11-195
361	1.10-107	1.11-196
362	1.10-107	1.11-197
363	1.10-107	1.11-198
364	1.10-107	1.11-199
365	1.10-107	1.11-200
366	1.10-107	1.11-201
367	1.10-107	1.11-202
368	1.10-107	1.11-203
369	1.10-107	1.11-204
370	1.10-107	1.11-205
371	1.10-107	1.11-206
372	1.10-107	1.11-207
373	1.10-107	1.11-208
374	1.10-107	1.11-209
375	1.10-107	1.11-210
376	1.10-107	1.11-211
377	1.10-107	1.11-212
378	1.10-107	1.11-213
379	1.10-107	1.11-214
380	1.10-107	1.11-215
381	1.10-107	1.11-216
382	1.10-107	1.11-217
383	1.10-107	1.11-218
384	1.10-107	1.11-219
385	1.10-107	1.11-220
386	1.10-107	1.11-221
387	1.10-107	1.11-222
388	1.10-107	1.11-223
389	1.10-107	1.11-224
390	1.10-107	1.11-225
391	1.10-107	1.11-226
392	1.10-107	1.11-227
393	1.10-107	1.11-228
394	1.10-107	1.11-229
395	1.10-107	1.11-230
396	1.10-107	1.11-231
397	1.10-107	1.11-232
398	1.10-107	1.11-233
399	1.10-107	1.11-234
400	1.10-107	1.11-235
401	1.10-107	1.11-236
402	1.10-107	1.11-237
403	1.10-107	1.11-238
404	1.10-107	1.11-239
405	1.10-107	1.11-240
406	1.10-107	1.11-241
407	1.10-107	1.11-242
408	1.10-107	1.11-243
409	1.10-107	1.11-244
410	1.10-107	1.11-245
411	1.10-107	1.11-246
412	1.10-107	1.11-247
413	1.10-107	1.11-248
414	1.10-107	1.11-249
415	1.10-107	1.11-250
416	1.10-107	1.11-251
417	1.10-107	1.11-252
418	1.10-107	1.11-253
419	1.10-107	1.11-254
420	1.10-107	1.11-255
421	1.10-107	1.11-256
422	1.10-107	1.11-257
423	1.10-107	1.11-258
424	1.10-107	1.11-259
425	1.10-107	1.11-260
426	1.10-107	1.11-261
427	1.10-107	1.11-262
428	1.10-107	1.11-263
429	1.10-107	1.11-264
430	1.10-107	1.11-265
431	1.10-107	1.11-266
432	1.10-107	1.11-267
433	1.10-107	1.11-268
434	1.10-107	1.11-269
435	1.10-107	1.11-270
436	1.10-107	1.11-271
437	1.10-107	1.11-272
438	1.10-107	1.11-273
439	1.10-107	1.11-274
440	1.10-107	1.11-275
441	1.10-107	1.11-276
442	1.10-107	1.11-277
443	1.10-107	1.11-278
444	1.10-107	1.11-279
445	1.10-107	1.11-280
446	1.10-107	1.11-281
447	1.10-107	1.11-282
448	1.10-107	1.11-283
449	1.10-107	1.11-284
450	1.10-107	1.11-285
451	1.10-107	1.11-286
452	1.10-107	1.11-287
453	1.10-107	1.11-288
454	1.10-107	1.11-289
455	1.10-107	1.11-290
456	1.10-107	1.11-291
457	1.10-107	1.11-292
458	1.10-107	1.11-293
459	1.10-107	1.11-294
460	1.10-107	1.11-295
461	1.10-107	1.11-296
462	1.10-107	1.11-297
463	1.10-107	1.11-298
464	1.10-107	1.11-299
465	1.10-107	1.11-300
466	1.10-107	1.11-301
467	1.10-107	1.11-302
468	1.10-107	1.11-303
469	1.10-107	1.11-304
470	1.10-107	1.11-305
471	1.10-107	1.11-306
472	1.10-107	1.11-307
473	1.10-107	1.11-308
474	1.10-107	1.11-309
475	1.10-107	1.11-310
476	1.10-107	1.11-311
477	1.10-107	1.11-312
478	1.10-107	1.11-313
479	1.10-107	1.11-314
480	1.10-107	1.11-315
481	1.10-107	1.11-316
482	1.10-107	1.11-317
483	1.10-107	1.11-318
484	1.10-107	1.11-319
485	1.10-107	1.11-320
486	1.10-107	1.11-321
487	1.10-107	1.11-322
488	1.10-107	1.11-323
489	1.10-107	1.11-324
490	1.10-107	1.11-325
491	1.10-107	1.11-326
492	1.10-107	1.11-327
493	1.10-107	1.11-328
494	1.10-107	1.11-329
495	1.10-107	1.11-330
496	1.10-107	1.11-331
497	1.10-107	1.11-332
498	1.10-107	1.11-333
499	1.10-107	1.11-334
500	1.10-107	1.11-335
501	1.10-107	1.11-336
502	1.10-107	1.11-337
503	1.10-107	1.11-338
504	1.10-107	1.11-339
505	1.10-107	1.11-340
506	1.10-107	1.11-341
507	1.10-107	1.11-342
508	1.10-107	1.11-343
509	1.10-107	1.11-344
510	1.10-107	1.11-345
511	1.10-107	1.11-346
512	1.10-107	1.11-347
513	1.10-107	1.11-348
514	1.10-107	1.11-349
515	1.10-107	1.11-350
516	1.10-107	1.11-351
517	1.10-107	1.11-352
518	1.10-107	1.11-353
519	1.10-107	1.11-354
520	1.10-107	1.11-355
521	1.10-107	1.11-356
522	1.10-107	1.11-357
523	1.10-107	1.11-358
524	1.10-107	1.11-359
525	1.10-107	1.11-360
526	1.10-107	1.11-361
527	1.10-107	1.11-362
528	1.10-107	1.11-363
529	1.10-107	1.11-364
530	1.10-107	1.11-365
531	1.10-107	1.11-366
532	1.10-107	1.11-367
533	1.10-107	1.11-368
534	1.10-107	1.11-369
535	1.10-107	1.11-370
536	1.10-107	1.11-371
537	1.10-107	1.11-372
538	1.10-107	1.11-373
539	1.10-107	1.11-374
540	1.10-107	1.11-375
541	1.10-107	1.11-376
542	1.10-107	1.11-377
543	1.10-107	1.11-378
544	1.10-107	1.11-379
545	1.10-107	1.11-380
546	1.10-107	1.11-381
547	1.10-107	1.11-382
548	1.10-107	1.11-383
549	1.10-107	1.11-384
550	1.10-107	1.11-385
551	1.10-107	1.11-386
552	1.10-107	1.11-387
553	1.10-107	1.11-388
554	1.10-107	1.11-389
555	1.10-107	1.11-390
556	1.10-107	1.11-391
557	1.10-107	1.11-392
558	1.10-107	1.11-393
559	1.10-107	1.11-394
560	1.10-107	1.11-395
561	1.10-107	1.11-396
562	1.10-107	1.11-397
563	1.10-107	1.11-398
564	1.10-107	1.11-399
565	1.10-107	1.11-400
566	1.10-107	1.11-401
567	1.10-107	1.11-402
568	1.10-107	1.11-403
569	1.10-107	1.11-404
570	1.10-107	1.11-405
571	1.10-107	1.11-406
572	1.10-107	1.11-407
573	1.10-107	1.11-408
574	1.10-107	1.11-409
575	1.10-107	1.11-410
576	1.10-107	1.11-411
577	1.10-107	1.11-412
578	1.10-107	1.11-413
579	1.10-107	1.11-414
580	1.10-107	1.11-415
581	1.10-107	1.11-416
582	1.10-107	1.11-417
583	1.10-107	1.11-418
584	1.10-107	1.11-419
585	1.10-107	1.11-420
5		

Table 1 Significance probabilities by H0d			Table 2 (for ICDFs in F-distribution) Significance probabilities by H0d		
	Tiles	Tiles		Tiles	Tiles
1	Percentage	Percentage	1	Percentage	Percentage
2	27.33	31.77	2	33.33	
3	34.38	28.73	3	52.78	
4	37.50	21.77	4	33.33	
5	32.69	23.03	5	30.48	
6	43.80	31.76	6	40.48	
7	43.80	31.76	7	44.44	
8	43.80	31.76	8	40.48	
9	39.02	30.77	9	37.02	
10	43.80	31.76	10	34.88	
11	36.80	28.68	11	52.78	

275	1.0886	1.0886
276	1.0887	1.0887
277	1.0888	1.0888
278	1.0889	1.0889
279	1.0890	1.0890
280	1.0891	1.0891
281	1.0892	1.0892
282	1.0893	1.0893
283	1.0894	1.0894
284	1.0895	1.0895
285	1.0896	1.0896
286	1.0897	1.0897
287	1.0898	1.0898
288	1.0899	1.0899
289	1.0900	1.0900
290	1.0901	1.0901
291	1.0902	1.0902
292	1.0903	1.0903
293	1.0904	1.0904
294	1.0905	1.0905
295	1.0906	1.0906
296	1.0907	1.0907
297	1.0908	1.0908
298	1.0909	1.0909
299	1.0910	1.0910
300	1.0911	1.0911
301	1.0912	1.0912
302	1.0913	1.0913
303	1.0914	1.0914
304	1.0915	1.0915
305	1.0916	1.0916
306	1.0917	1.0917
307	1.0918	1.0918
308	1.0919	1.0919
309	1.0920	1.0920
310	1.0921	1.0921
311	1.0922	1.0922
312	1.0923	1.0923
313	1.0924	1.0924
314	1.0925	1.0925
315	1.0926	1.0926
316	1.0927	1.0927
317	1.0928	1.0928
318	1.0929	1.0929
319	1.0930	1.0930
320	1.0931	1.0931
321	1.0932	1.0932
322	1.0933	1.0933
323	1.0934	1.0934
324	1.0935	1.0935
325	1.0936	1.0936
326	1.0937	1.0937
327	1.0938	1.0938
328	1.0939	1.0939
329	1.0940	1.0940
330	1.0941	1.0941
331	1.0942	1.0942
332	1.0943	1.0943
333	1.0944	1.0944
334	1.0945	1.0945
335	1.0946	1.0946
336	1.0947	1.0947
337	1.0948	1.0948
338	1.0949	1.0949
339	1.0950	1.0950
340	1.0951	1.0951
341	1.0952	1.0952
342	1.0953	1.0953
343	1.0954	1.0954
344	1.0955	1.0955
345	1.0956	1.0956
346	1.0957	1.0957
347	1.0958	1.0958
348	1.0959	1.0959
349	1.0960	1.0960
350	1.0961	1.0961
351	1.0962	1.0962
352	1.0963	1.0963
353	1.0964	1.0964
354	1.0965	1.0965
355	1.0966	1.0966
356	1.0967	1.0967
357	1.0968	1.0968
358	1.0969	1.0969
359	1.0970	1.0970
360	1.0971	1.0971
361	1.0972	1.0972
362	1.0973	1.0973
363	1.0974	1.0974
364	1.0975	1.0975
365	1.0976	1.0976
366	1.0977	1.0977
367	1.0978	1.0978
368	1.0979	1.0979
369	1.0980	1.0980
370	1.0981	1.0981
371	1.0982	1.0982
372	1.0983	1.0983
373	1.0984	1.0984
374	1.0985	1.0985
375	1.0986	1.0986
376	1.0987	1.0987
377	1.0988	1.0988
378	1.0989	1.0989
379	1.0990	1.0990
380	1.0991	1.0991
381	1.0992	1.0992
382	1.0993	1.0993
383	1.0994	1.0994
384	1.0995	1.0995
385	1.0996	1.0996
386	1.0997	1.0997
387	1.0998	1.0998
388	1.0999	1.0999
389	1.1000	1.1000
390	1.1001	1.1001
391	1.1002	1.10

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustments	Adjusted Total
1. Dietary	373,754	12,352	728,350	1,114,456	0	1,114,456	-58,672	1,055,784
2. Food Purchase	0	71,922	0	71,922	0	71,922	0	71,922
3. Housekeeping	0	70,014	351,773	421,787	0	421,787	12,043	433,830
4. Laundry	0	5,926	189,600	195,526	0	195,526	0	195,526
5. Heat and Other Utilities	0	0	298,094	298,094	0	298,094	3,632	301,726
6. Maintenance	93,955	116,984	163,278	374,217	0	374,217	-19,968	354,249
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	467,709	277,198	1,731,095	2,476,002	0	2,476,002	-62,965	2,413,037
9. Medical Director	0	0	24,000	24,000	0	24,000	0	24,000
10. Nursing & Medical Records	3,153,735	449,161	888,810	4,491,706	0	4,491,706	0	4,491,706
10a. Therapy	40,782	0	1,019,458	1,060,240	0	1,060,240	0	1,060,240
11. Activities	136,068	53,039	2,231	191,338	0	191,338	0	191,338
12. Social Services	46,246	0	5,383	51,629	0	51,629	0	51,629
13. Nurse Aide Training	0	0	3,250	3,250	0	3,250	0	3,250
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	3,376,831	502,200	1,943,132	5,822,163	0	5,822,163	0	5,822,163
17. Administrative	230,680	0	258,124	488,804	0	488,804	-258,124	230,680
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	157,636	157,636	0	157,636	-14,286	143,350
20. Fees, Subscriptions & Promotion	0	0	70,351	70,351	0	70,351	-28	70,323
21. Clerical & General Office	633,788	55,832	96,248	785,868	0	785,868	21,550	807,418
22. Employee Benefits & Payroll	0	0	793,765	793,765	0	793,765	127,210	920,975
23. Inservice Training & Education	0	0	0	0	0	0	0	0
24. Travel and Seminar	0	0	6,025	6,025	0	6,025	380	6,405
25. Other Admin. Staff Trans	0	0	25,745	25,745	0	25,745	-5,309	20,436
26. Insurance-Prop.Liab.Malpractice	0	0	273,536	273,536	0	273,536	1,010	274,546
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	864,468	55,832	1,681,430	2,601,730	0	2,601,730	-127,597	2,474,133
29. Total General Administrative	4,709,008	835,230	5,355,657	10,899,895	0	10,899,895	-190,562	10,709,333
30. Depreciation	0	0	180,884	180,884	0	180,884	455,241	636,125
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	105,656	105,656	0	105,656	1,288,162	1,393,818
33. Real Estate	0	0	-961	-961	0	-961	400,088	399,127
34. Rent - Facility & Grounds	0	0	1,581,304	1,581,304	0	1,581,304	-1,581,304	0
35. Rent - Equipment & Vehicles	0	0	21,966	21,966	0	21,966	4,863	26,829
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	1,888,849	1,888,849	0	1,888,849	567,050	2,455,899
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	358,315	2,417	360,732	0	360,732	0	360,732
40. Barber and Beauty Shop	21,466	263	0	21,729	0	21,729	0	21,729
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	135,780	135,780	0	135,780	0	135,780
43. Other (specify):*	0	0	330,826	330,826	0	330,826	-330,826	0
44. Total Special Cost Ce	21,466	358,578	469,023	849,067	0	849,067	-330,826	518,241
45. Grand Total	4,730,474	1,193,808	7,713,529	13,637,811	0	13,637,811	45,662	13,683,473

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	47,677	47,677
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Receivable	3,514,674	3,514,674
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	151,522	151,522
7. Other Prepaid Expenses	410,282	1,439,282
8. Accounts Receivable-Owner/Related Party	622,462	1,124,114
9. Other (specify):	901,984	901,984
10. Total current assets	5,648,601	7,179,253
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	40,000
14. Buildings, at Historical Cost	0	14,819,619
15. Leasehold Improvements, Historical Cost	820,061	853,041
16. Equipment, at Historical Cost	1,512,312	2,350,702
17. Accumulated Depreciation (book methods)	-1,173,071	-3,665,699
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	404,165
24. Total Long-Term Assets	1,159,302	14,801,828
25. Total Assets	6,807,903	21,981,081
CURRENT LIABILITIES		
26. Accounts Payable	417,744	417,744
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	73,299	73,299
29. Short-Term Notes Payable	5,866	5,866
30. Accrued Salaries Payable	202,574	202,574
31. Accrued Taxes Payable	32,003	32,003
32. Accrued Real Estate Taxes	0	485,520
33. Accrued Interest Payable	551	55,151
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	1,190,148	1,190,148
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,922,185	2,462,305
LONG TERM LIABILITES		
39. Long-Term Notes Payable	2,672,713	17,150,089
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	2,672,713	17,150,089
46. Total Liabilities	4,594,898	19,612,394
47. Total Equity	2,213,005	2,368,687
48. Total Liabilities and Equity	6,807,903	21,981,081

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	11,489,773
2. Discounts and Allowances for all Levels	-1,168,850
Subtotal - Inpatient Care	10,320,923
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	2,137,161
7. Oxygen	0
Subtotal - Ancillary Revenue	2,137,161
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	22,480
14. Non-Patient Meals	0
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	455,919
18. Sale of Supplies to Non-Patients	0
19. Laboratory	102,103
20. Radiology and X-Ray	0
21. Other Medical Services	63,893
22. Laundry	0
Subtotal - Other Operating Revenue	644,395
24. Contributions	0
25. Interest and Other Investments Income	11,856
Subtotal - Non-Operating Revenue	11,856
27. Other Revenue (specify):	9,993
28. Other Revenue (specify):	0
Subtotal - Other Revenue	9,993
30. Total Revenue	13,124,328
31. General Services	2,476,002
32. Health Care	5,822,163
33. General Administration	2,601,730
34. Ownership	1,888,849
35. Special Cost Centers	713,287
35. Provider Participation Fee	135,780
37. Other	0
40. Total Expenses	13,637,811
41. Income Before Income Taxes	-513,483
42. Income Taxes	0
43. Net Income or Loss for the Year	-513,483
37. Other	0
40. Total Expenses	13,637,811
41. Income Before Income Taxes	-513,483
42. Income Taxes	0
43. Net Income or Loss for the Year	-513,483

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23 Provider Participation fee is linked from page 4